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But you should see their families: Preventing child abandonment and promoting social inclusion in countries in transition

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Abstract: *The use of institutional care in countries in transition to capitalist economies in Eastern Europe and Central Asia continues to grow. This paper shows how common understandings of reasons for entry to care that blame parents lead to policies that are unable to address the situation of children and families. Effective social policy needs to find ways to see the predicaments of parents and overcome the blindness that can be induced by prejudice and ideology. The paper demonstrates how a small research project involving Roma women as researchers in Bulgaria was able to make parents visible and challenge commonly held views leading to the development of an effective local alternative to residential care.*

Key words: *child abandonment; institutional care; countries in transition; Bulgaria; Roma*

Introduction

Since 1989 the countries of the Central and Eastern Europe, CIS and Baltic States region have been in the process of transition to capitalist economies. Although the changes have not been uniform, for many countries they have been associated with an increasing divide between rich and poor, the collapse of a range of family benefits and increasing social exclusion for minorities. After over a decade of severe economic problems and worsening social conditions, there is now a glimmer of hope that, at long last, the economies are starting to improve (UNICEF, 2004). At this hopeful time it is important to focus on the much needed development of welfare services

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and to base plans on a more critical assessment of information about the problems of social exclusion.

This paper is based on work in a range of countries across the region and will particularly draw on research undertaken in Bulgaria as part of an evaluation of an alternative to care programme. It is argued that the plight not just of the children themselves but importantly their parents, families and communities needs to be made visible in order to respond adequately to the growing social exclusion of children in transition countries. Whilst this is illustrated through a focus on the situation of children who are 'abandoned' and end up in state care, it is proposed that the approach is equally applicable to other excluded groups such as street children and the rural poor. The paper demonstrates the need for a more inclusive approach to research and how this can play an important part in challenging prevailing paradigms thereby shaping new directions and a firmer foundation for public policy reform.

The problem

Following the collapse of the Soviet Union in 1989 the transition countries have suffered an economic depression longer and deeper than the great depression of the 1930s. *The Innocenti Social Monitoring Report* (UNICEF, 2006) shows that most transition countries have recently enjoyed economic growth. Alongside this growth the report finds that children have not benefited as much as other groups, although there has been an overall drop in children living in poverty. Using the World Bank measure (households with a per person consumption of less than \$2.15 per day on a purchasing power parity (PPP) basis), one in four children lives in absolute poverty. Where the proportion of children in the population is highest, so is the proportion living in poverty. The report concludes that in the 20 countries monitored there has been a rapid decline in the numbers of children living in poverty between 1998 and 2003 largely due to an improvement in living standards but also to a decline in the total number of children. The report also found large regional differences in unemployment rates and poverty in richer (EU members) and poorer countries alike. It also found that differences in infant mortality rates among regions *within* countries mirror these differences, with high levels of infant mortality associated with high unemployment rates. UNICEF's end of decade review of children in state care showed that, in many of these countries, there were more children living in institutional care in 1999 than in 1989 (UNICEF, 2001). The 2003 figures show that the proportion of the child population in residential care aged 0-17 in 2003 was higher in most countries than prior to 1990 (the rate of children in institutions was higher in 2003 in 16 of 25 countries for which data is available see table 1 in appendix 1). For comparison, Russia, the largest of the former Soviet countries, has 1338.8 institutionalised children per 100,000 compared to 59.7 per 100,000 looked after children in residential care in England in 2003. Though these figures

are not directly comparable as the Russian figures include children in all residential institutions and the England ones only those looked after, the difference is very marked.

At the same time there have been significant increases in the numbers of children in foster care and guardianship within all the countries for which data is available (see table 2 below). Because of this, the overall numbers of children lacking parental care (those in institutions or foster care) has significantly increased (UNICEF, 2001). A further trend shows that the rates of children aged 0 to 3 in infant homes has increased between 1989 and 2003 in 14 of 19 countries for which UNICEF (2005a) provided data. Given the substantial risk of harm caused by placement in institutions for children of this age this trend is most worrying (Dixon and Misca, 2004).

The trend data provide compelling evidence of the need for better support for families and children. A survey carried out by the Child Care Forum in six transition countries (Bulgaria, Hungary, Lithuania, Moldova, Poland and Slovakia) by Herczog et al. (2000) showed the lack of an active approach to individualised care planning and highlights the need for active gatekeeping (Bilson and Harwin, 2003) to ensure that children do not drift aimlessly within the care system. Even where there is substantial reform to institutions the fundamental problem of high rates of use of care often persists. This is demonstrated in a recent publication about Romania (UNICEF, 2005b) showing that, although the numbers placed in institutions has fallen, the level of 'abandonment' of infants has changed little over previous years. This is despite reorganisation and decentralisation of services, and investment of 100 million Euros by the European Union (Delegation of the European Commission in Romania, 2005) along with other large contributions from the World Bank, UK Department for International Development, USAID and a range of charities:

Child abandonment in 2003 and 2004 was no different from that occurring 10, 20, or 30 years ago. The magnitude of the phenomenon was determined by the rate of child abandonment (the number of abandoned children per 100 births/hospital admissions). The rate of child abandonment in maternity wards was 1.8% in 2003 and 2004, translated to an estimated number of 4,000 children, while in hospitals and paediatric wards, the child abandonment rate was 1.5% and 1.4% in 2003 and 2004, respectively, or 5,000 children. (UNICEF, 2005b, p.4)

The need for a new approach

Although there have been many developments and changes and different countries are at different stages in the reform of child protection systems, the legacy of the former communist ideologies is still apparent in many of the child protection systems (Harwin, 1996). The following, often overlapping, issues combine to create social exclusion and institutionalization of children:

Rescue and state paternalism

A key factor in maintaining institutional care is that state policy is based on a child rescue approach (Fox-Harding, 1997). In the west in the nineteenth and early twentieth centuries this usually meant institutional care but more recently foster care became the preferred option (Ferguson, 2004; Milligan 2006). Research in North America (Costin, Karger and Stoesz, 1996; Gordon, 1989; Swadener and Lubek, 1995), Canada (Barter, 1994; Rooke and Schnell, 1983), Australia (Sherrington and Jeffery, 1998) and the UK (Fox-Harding, 1997; Holman, 1988; Milligan, 2006) demonstrates that this 'rescue mentality' has persisted into the 21st century.

In transition countries rescue can vary from what Momeu (2000, p.25) in Romania cites as 'an authoritarian mentality inherited from the communist era' through to a belief amongst civil servants, residential staff and even parents that children are better off in an institution (for example, in Lithuania see Bertmar, 1999, and Gomart, 1998). Policies can be paternalistic, effectively operating on the basis that the state knows best and cares best, while devaluing the part that can be played by parents, communities, NGOs and so on. The policies based on rescue ignore causal factors such as social exclusion and poverty, instead focussing on the 'inadequacies' of parents.

The continued use of the rescue approach has been fuelled by lack of access to critical information and research into the outcomes of the policy of institutionalisation of children in the countries in transition. Although amongst senior policy makers and practitioners alike there is a growing acknowledgement of the limitations and disadvantages of institutional care for children (see, for example, the *Budapest Statement*, UNICEF, 2000), much of the system still operates on a rescue approach and the statement made in the title of this paper, 'But you should see their parents,' is often used to justify institutionalization even where the poor quality and outcomes of institutional care are recognised.

Medical and deficit models of disability

A second issue linked to that of state paternalism is the medical model of disability. It has been argued that this model, in which children with disabilities are assessed in terms of their limitations rather than their potential, has been prominent in many countries (Oliver, 1990). It is widely prevalent in an exaggerated form in the countries in transition (for example, Ainscow and Haile-Giorgis, 1998) where alternative policies are uncommon. The treatment of children with disabilities is often seen as almost exclusively a medical issue and children with mild disabilities continue to be institutionalized in most parts of the region. Thus Tobis (2000, p.9) says of the medical discipline of defectology still prevalent in the Eastern Europe, Central Asia and Baltics (called ECA by the World Bank) region:

Defectology has a strong medical orientation that defines disability as a diseased state

(invalid, defective, abnormal children with mental or physical disease) or a problem of the 'abnormal' individual. The role of the environment in supporting the individual is ignored; treatment consists of a diagnosis, segregation of the 'normal' and 'abnormal' individuals, and correction of defect.

In this view, institutions are the venues for a 'corrective process' and since many children will never be 'made normal', institutions become their permanent homes (Tobis 2000). In many countries children are still classified as ineducable and will receive no access to any form of educational provision. In Romania, before the recent reforms, the government stated (DPC, 1998) that the needs of institutionalized children with severe disabilities were rarely met by their institutions. They also estimated that 20% of the children in these institutions were misdiagnosed and were not in fact disabled.

A key problem of the deficit model is its failure to emancipate and hence empower persons with disabilities. There are signs that the model is coming under challenge in a number of countries and projects which promote a rights based approach are developing, including ones in the Samara region of Russia, Belarus, Kyrgyzstan and the Rouse region of Bulgaria (for a summary see Bilson and Harwin, 2003).

Ethnic discrimination

Linked to rescue and state paternalism is the use of state care in a way which discriminates against minorities. For example, in Kyrgyzstan a study found high numbers of children of Russian origin in institutional care (cited in Carter 2006). Tobis suggests that one of the historical purposes of the institutional sector in the ECA region was that it 'deculturated ethnic minorities such as Roma (gypsies)' (Tobis 2000:5). In a number of countries Roma minorities are substantially more likely to be placed in orphanages or to be educated in special schools for children with disabilities. In the Czech Republic for example, data for 1997 showed that 64% of Roma children in primary schools were in special education (Ringold 2000). Similarly the over-representation of Roma children in institutional care for infants has been identified in a number of countries in the ECA region (Tobis 2000:23) and is confirmed in the study reported here in Bulgaria. Ethnic conflict and deep historical prejudices are reflected in practices in the child protection system. Tobis, for example, suggests that staff in institutions are particularly likely to discourage contact with Roma parents and families, and access to foster care, adoption and community based services is less available for ethnic minorities and particularly Roma children in many parts of the region. Reform of child care systems will need to combat this deep-seated problem to have any chance of success.

These issues are rarely recognized by policy makers and the outcome is seen in the continued over-reliance institutionalization which is so damaging to children and society. These issues are illustrated in the research below.

Background to Bulgaria

Bulgaria has one of the highest rates of institutionalisation of children of the transition countries at 1.93% of the child population (SACP 2003, p.1) and a large proportion of these children, estimated to be between 60 and 80 percent (World Bank 2001, p.5), are from the Roma minority who constitute around 4% of the total population (UN statistics cited in SACPO, 2003, p.35). It should be noted that the Roma population in Bulgaria has been particularly badly affected by poverty and unemployment since the transition. In 1997 84% of Roma were living in poverty compared with 36% of the population as a whole (World Bank, 2001, p.5). A key issue shaping the institutionalisation of children is social exclusion and poverty (SACP, 2003, p.1). The importance of these issues to Bulgaria can be seen by the fact that the European Union made the reduction of institutionalisation a condition for Bulgaria's accession.

Hidden parents and children

It will be asserted that a key element of the maintenance of rescue and the other issues discussed above is their ability to hide from view the situation of parents of children who are at risk of institutionalisation and to blame them and their lifestyles. The issues are deeply embedded in local cultures and are even coded into the language used to describe families whose children enter formal care. The following terms are regularly used even in official documents and statistics in referring to parents and families in Bulgaria as well as other countries where the authors have worked. They can have the effect of masking the lack of appropriate action by the state and instead provide a moral categorisation of the actions of parents and families:

Abandonment

This term is used to describe the actions of parents who place their children voluntarily in state care. For example, one of the authors interviewed a couple who were homeless when their child was born. They had no means to feed or shelter an infant and were considering placing the child in an institution hoping to find a home for the child later. Classifying these and other parents as having abandoned their child hides the very real problems they face.

Asocial families

Families whose children enter care are often referred to as asocial and the implication is that these are irresponsible families. In fact they often include parents with a range of problems from poverty and social exclusion through to mental illness, alcoholism or offending.

Gipsy/foreign/from country areas

Terms such as these have the effect of classifying parents as outsiders and often involve stigmatisation, racism and an assumption that this difference shows that they are not 'good' parents.

Unmarried/single/young mother

Often by implication this label suggests immoral or irresponsible parents. The term is used even where the parent is in a stable cohabitation and pays no attention to cultural differences in marital practices.

The World Bank proposal for Bulgaria shows how, even in the face of evidence to the contrary, the traditional view of 'abandoned' children can still shape policy and practice. The project appraisal document for the 8.8 million Euro loan for child welfare reform in Bulgaria mainly focussed on providing alternatives to institutionalisation and the projects shown in box 1 (overleaf) were proposed for the 10 pilot areas. The social assessment undertaken to inform this strategy (and published as an appendix to the report) found that socially disadvantaged families had a poor quality of life due to unemployment, low and inadequate social assistance payments particularly affecting Roma families and disproportionately those with more than three children. From the study it is clear that children from large Roma families are most at risk due to inadequate social assistance, poor nutrition and frequent illnesses of children. The study concludes that the main cause of institutionalization is poverty (World Bank 2001, p.93).

It is informative to consider this picture of a socially excluded Roma minority with children, particularly those from large families, at risk due to poverty and lack of access to education and even basic medical facilities with the proposed services (see box 1). The services listed do little to address the key problems associated with poverty and social exclusion faced by families of children at risk of entry to formal care. The first four services continue to work within the assumptions of asocial families, single mothers and abandonment and fail to address the issues discussed earlier. Thus we see day care centres for disabled children, in itself not a bad thing, but with the aim of providing therapeutic assistance and 'parental advice'. The assumption is that children are abandoned because of parental rejection and an aim of the day centres is re-education of families. Similarly family counselling also has overtones of both these models.

More importantly, in spite of the project's own social assessment discussed above, a focus on young single mothers can be seen in the parental education programmes and mother and baby units. There is neither a focus on poverty and support for large families, nor any attempt to address the lack of access to education for many Roma children and their other problems of social exclusion. These proposed solutions do not address the evidence used in the planning.

The last three services (building small group homes, foster care and rehabilitating institutions) aim to provide more humane forms of state care and in that sense

Box 1
Projects proposed by World Bank to address institutionalisation in Bulgaria
<p><i>Day care centres</i></p> <ol style="list-style-type: none"> 1. Providing day care for children coming from families at risk (e.g. where both parents have to work during the day and where there is no extended family support), and 2. Providing day care and therapeutic assistance for children with special needs and parental advice to their families in order to support the family to understand better their children and cope with their special situation;
<p><i>Family counselling and support</i></p> <p>Providing advice and support to families at risk in order to keep them together and prevent abandonment and the institutionalization of children;</p>
<p><i>Parental education</i></p> <p>Teaching young parents how to cope with their children, helping them to become reliable and good parents, encouraging parent/child bonding to prevent child abandonment and institutionalization;</p>
<p><i>Mother and baby units</i></p> <p>Providing temporary shelter for young single mothers and their babies in order to promote attachment and support the young mothers by providing counseling [sic] (including legal advice) and parental education;</p>
<p><i>Small group homes</i></p> <p>As community-integrated alternative residential care facilities providing short/medium term care for children when other solutions are not available, until a family solution is found;</p>
<p><i>Foster care training services</i></p> <p>To recruit, assess and train future foster parents; and</p>
<p><i>Restructuring and rehabilitating institutions</i></p> <p>Selective restructuring and rehabilitation of key facilities in which children will still reside after de-institutionalization has taken place to the maximum extent possible</p>
<p><i>Source: Project Appraisal Document, World Bank 2001, pp.9-10</i></p>

are needed. However they do not challenge the assumptions behind the need for children to be placed in care in the first place – the risk is that such solutions merely perpetuate (under a more benign guise) the current response, namely the removal of children from their families. The World Bank strategy was influenced by that of Bulgaria's neighbour Romania. In Romania there were very similar problems of institutionalisation and it is the only other country for which accession to the European Union was made directly contingent on reducing child institutionalisation. As was discussed in the introduction, the recent UNICEF (2005b) report shows that the massive expenditure in Romania did not reduce the 'abandonment' of children although it did lead to fewer institutionalised children.

Save the Children research

In one of the pilot sites for this World Bank loan programme, Save the Children have been working with families, NGOs and local agencies for some time. As part of this work research was carried out which confirmed the findings of the social survey that families most at risk were large families from the Roma community (Dachev et al., 2002). Importantly this study was undertaken by members of the Roma community who were able to build a view of the families' situations and concerns.

The study interviewed families of the 75 children most recently 'abandoned' at the local orphanage (an institution for children aged 0 to 3 years old). It gathered a range of data about the families of the children. Nearly three-quarters (72%) were of Roma origin. The study found that only 2% of mothers were aged less than 20 years old in contrast to the view based on local statistical returns that these were predominantly first children of young single mothers.. In fact 68% were aged 20 to 30 years old, and as many as 30% were aged over 30 years old. The average age of the mothers was 26 years old. Also the families tended to have several children and 41% had 4 or more children. The research found that the majority of families included the father of the baby (88%). However, only 24% of the mothers were married and another 5% divorced. The women reported that they would put only their name on the birth certificate in order to be able to claim social assistance. The main reason parents in the study gave for placing their child in the orphanage was lack of good enough conditions to raise the child e.g. homelessness, lack of heating during the winter, insufficient food, nappies and so on. The majority of children came into care through the local maternity ward where, on entry, an administrator asked all Roma mothers if they wanted to keep their babies and routinely filled in adoption forms for them.

A focus group of mothers was held and Box 2 represents their view of what they felt would have helped prevent the need for admission. As can be seen, the main request is for practical or financial support. This focus is not surprising given that these families often had several children to support on the meagre state social assistance

Box 2

Parent's views of what would have prevented institutionalisation of their children

- hot food – for children from 4 months up to 3 years
- clothes
- fee for the kindergarten
- change in the social assistance services – to be more supportive in providing care for children
- that priority be given to making payments for social benefits to mothers of 'many' children (there is a 3 – 4 months delay at present)
- assistance in resolving housing problems
- assistance to find work
- to be provided with at least one loaf of bread per day
- information and consultation services

Source: Dachev et al. 2002

which was paid irregularly. This practical support is very different from the services included in the World Bank proposal.

Informed by this study, a project was developed which aimed at putting into practice the concept of community based services as an alternative to institutional care. The project focused on preventing admissions to the orphanage which had been the focus of the earlier study. It adopted a strategy, developed with inter-ministerial involvement, to support the families in their own environment and community. This help took the form of targeted social benefits and services. It was intended that this project would serve as a pilot initiative to provide an understanding of the challenges in applying the concept countrywide. In contrast to the well funded projects of the 8.8 million World Bank programmes to be implemented in 10 local authorities it had only 2 social workers and a small budget to provide extra support for families. The project workers were based in the newly established social work team. They established a base in the maternity ward and interviewed all mothers who were considering placing their children in care.

A small study was carried out by a research team including two of the authors (Bilson, Markova and Petrova, 2003) in December 2002 six months after the project was launched. The research team interviewed managers and staff of the project and representatives of all project partners, including staff of the home, the maternity ward, the social assistance office which housed the project and representatives of health, education and so on. The interviews explored the views of the participants on the development of the project, the difficulties the project encountered and their ideas for its improvement. The team also interviewed six families with whom the project had worked.

Despite the small scale of the project, in the first 6 months the number of full-time resident children at the orphanage had fallen by 33%, from 210 children to 140. In response to the project, new initiatives were started in the orphanage which provided 15 children with a day care service and 15 with weekday care. Thus, the orphanage had started to allow children to maintain their links with their parents. The efficiency of the project's diversion of children from entry to care was enhanced by national policy changes that allowed the mothers to get their maternity benefits without first having to work for seven days and this payment was dependent on the child not being institutionalised. This single payment worth about \$66 (at the time \$60) was sufficient to motivate parents to choose to provide long-term care for their children with the support of the project workers. This should be contrasted with the average weekly cost of \$243 (at the time \$221) for keeping a child at the orphanage. However without the support of the project few of the parents would have known of their right to support nor been able to claim it.

Some examples

The following examples drawn from the evaluation give an indication of the type of work carried out by the project and of typical situations of parents identified through interviews with service users and also in a study by the authors of social work case files. The examples are based on interviews undertaken in reviewing the project's work. The first is a case where prevention of entry was achieved and the second and third concern work that was ongoing with families to support the return of children from the orphanage.

Example 1

The first family consisted of a woman and man from the Roma community in their early twenties. They were not married and both had had children in previous marriages who were living with their ex-partners. They had one child aged two months at the time of the interview. The husband had previously been in prison and was unemployed – a common situation in these Roma communities. At the time of the interview they were dependent on social assistance which provided very meagre payments. They lived in a single room with no water supply and only limited access to water in winter, but the baby was healthy and loved. They had come into contact with the project at the maternity ward. They were considering leaving their daughter in the orphanage on a temporary basis because they had no money and nowhere to live. They were desperate not to leave their child but saw no alternative. When first approached by the social worker, the father had been suspicious that the project might be intended to obtain their child for international adoption. He described seeing agencies on the television offering 'parents like us' money for their children. The project initially helped them to negotiate with the father's family to gain temporary accommodation and then helped them to find their current flat by providing a guarantee to support the tenancy. The project also provided small

amounts of material support for the family (nappies, clothes etc.). The family were sure that without the support of the project their child would have entered care and might still have been there. The father summed this up saying

God praise that project. We had no other people close to us ... no one else helped us. We had no place to live, we had no money, nothing. Everything was very complicated. ... I would have murdered someone just to find a warm place for her.

Example 2

The second example concerns a family that had 5 children under 7 and a baby aged 8 months who had been placed in the orphanage at birth. The six family members lived in a single room 3 metres square. The father had a physical disability and his wife was illiterate. They explained how on the birth of the child they did not have the physical room to take a baby home. When the child was conceived they had had the use of 2 rooms, but the second was not theirs and was now used by another family. The mother had asked for the child to be placed in the home on a temporary basis but, unknown to her because of her illiteracy, in the maternity ward she had signed adoption papers. When the father found what had been done he demanded the papers be withdrawn and the child was then placed in the orphanage on a temporary basis. The father described their visits to the orphanage travelling by horse and cart for 20 Kilometres only to spend 15 minutes with their child before returning home because the other children were left unattended. The father said 'I keep thinking of my child in the children's home and it hurts. I want him back.' The project workers were able to help the family claim maternity benefits to which they were entitled. After various attempts a nearby single roomed house was purchased with the maternity benefits. Their aim was to build a second room in this new house. The overall cost of the house purchase was less than the cost of one week's care of the child in the orphanage.

Example 2

The third example concerns a family with a daughter of about 3 and twins aged 14 months who had been in the orphanage until 8 months old. The family had debts and problems with their tenancy. The project became involved to support the family when the twins returned home after spending the first months of their life in institutional care. One twin was very silent and showing behavioural signs likely to be caused by institutionalisation and lack of sufficient stimulation in the early months of life. The other twin had a broken leg that needed an operation, the injury having been received in the early weeks of life. The family did not know whether this was at the orphanage or in the maternity hospital both institutions having blamed the other for causing the injury. However the child had not received proper treatment for the broken leg and now needed an operation to reconstruct the bones. When

the father went to the media they focussed on the father's history of offending, his unemployment and debts and ignored the child's injuries. The project was helping with budgeting, access to benefits and finances and support through the mother's illness. They were also advocating on behalf of the child to get treatment for the broken leg paid by the state.

Discussion

This small study illustrates how work which focuses on the concerns of families can successfully divert children from entry to state care without the need for excessive expenditure. A key aspect of the work was the help the project staff were able to provide in getting access to social assistance benefits and the project's ability to use small amounts of money to help with debts and other problems. The amount of money needed to support the families was small compared with the cost of institutional care (the budget for emergency payments for the whole project for a year was less than the cost of one child placed in an institution). The project's efficiency was due to it starting from the actual concerns and circumstances of parents; its focus on financial as well as social deprivation; and its belief in the desire of parents to care for their children. Following the initial evaluation the project went on to further reduce entry to the orphanage. At the same time, despite local knowledge of the research findings regarding young single mothers, the World Bank programme built a mother and baby unit in the town. An official told one of the authors that he knew this was not needed but any money spent in his town was a good thing.

These issues are not limited to Bulgaria or to countries with Roma communities. For example, in Georgia, an evaluation of a similar project aimed at diverting children from care found that it was not dealing with the young irresponsible single mothers that the project had been set up to support but older women from poor rural communities who had come to the city of Tbilisi for work and were often supporting families back home (Bilson and Young 2004). Whilst the women were not from a different ethnic group they were seen as outsiders ('from the country') and again a key issue in their need to have their child admitted to care was poverty (see Bilson and Cox, 2007, for a fuller discussion of the abuse of institutional care to combat poverty).

Conclusion

This paper suggests that views that blame and make the situations of parents and local communities invisible can lead to policies that are unable to address the problems of children and families. Even where information is available, solutions may still be framed within prevailing understandings of why children enter care. Effective social policy needs to find ways to make visible the predicaments of parents and overcome the blindness that can be induced by prejudice and ideology. The paper demonstrates how a small research project involving Roma women in research in Bulgaria was able to make parents visible and challenge commonly held views leading to the development of an effective local alternative. The project showed that few parents really want to abandon their children but if faced by poverty, illness and social exclusion they may feel that this is the best alternative for their child. This paper shows how making parents visible by promoting their voice through involvement in research into their needs and views can provide a new perspective on seemingly insurmountable social problems and make real alternatives possible. This process is not simple and requires an examination of assumptions about child care and a change of heart towards parents who, from the distant view of policy makers and through lenses of moral judgements, may seem undeserving of help.

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Appendix 1 Data on children in institutions in Former Soviet

Table 1

Rate of children in residential care (per 100,000 population aged 0-17) Source UNICEF 2005a p.19

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic	610.3	625.4	623.0	644.6	673.3	712.9	764.0	805.2	837.0	862.4	903.5	928.6	944.4	967.0	987.7
Hungary	537.1	488.4	430.0	408.3	409.9	394.4	393.7	392.0	373.9	434.1	405.5	403.4	417.0	401.8	415.9
Poland b	554.0	572.7	562.7	568.5	583.5	618.7	723.8	734.5	751.2	785.0	799.6	848.2	682.0	687.3	687.2
Slovakia	559.7	536.8	546.5	551.9	566.0	576.9	626.1	644.8	658.5	639.7	655.7	679.5	691.5	659.8	708.7
Slovenia c	363.5	365.0	385.8	421.6	343.5	288.7	315.1	317.9	274.1	287.5	401.3	419.8	413.6	464.9	466.8
Estonia	357.5	373.4	345.2	349.1	386.9	408.5	417.9	485.6	507.2	526.0	544.6	559.9	610.2	651.7	-
Latvia d	128.1	252.5	242.7	275.2	322.5	378.4	472.5	554.8	584.2	665.6	685.2	701.6	719.2	719.4	723.7
Lithuania e	452.4	403.9	377.8	365.2	486.6	520.7	570.8	610.5	672.5	710.9	729.3	727.3	742.8	813.5	824.9
Bulgaria f	-	1,281.4	1,307.9	1,349.7	1,400.3	1,417.5	1,441.9	1,520.8	1,409.8	1,401.6	1,451.0	1,428.4	1,467.3	831.3	774.5
Romania	-	724.5	734.7	689.2	739.4	898.1	865.4	935.6	959.0	808.6	695.8	1,088.8	944.0	909.4	814.6
Albania g	-	-	-	-	-	42.9	45.5	44.9	45.8	55.8	49.2	56.9	57.6	53.2	65.3
Bosnia-Herzegovina	-	225.8	-	-	-	-	-	212.0	226.8	224.9	235.7	-	-	-	-
Croatia i	-	427.8	-	359.9	-	372.8	-	393.1	-	339.5	-	451.2	292.3	285.6	286.0
FYR Macedonia	221.8	252.4	213.9	253.3	201.0	212.9	209.3	204.8	231.6	200.1	170.6	176.3	167.1	164.4	167.9
Serbia and Montenegro j	-	238.4	-	249.9	-	239.2	-	251.0	-	249.7	-	226.1	-	-	-
Belarus	789.3	788.6	685.2	676.9	636.5	641.5	665.8	675.5	699.3	757.4	779.7	796.3	855.4	846.0	798.3
Moldova k	1,085.6	994.9	870.5	613.2	547.8	590.0	583.5	634.7	735.0	739.7	708.3	681.2	690.0	726.3	815.1

Table 1 (continued)
Rate of children in residential care (per 100,000 population aged 0-17) Source UNICEF 2005a p.19

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Russia k	1,254.0	1,233.6	1,116.0	1,083.4	1,056.7	1,082.8	1,133.4	1,183.5	1,193.2	1,229.1	1,263.1	1,290.0	1,343.1	1,352.2	1,338.8
Ukraine l m	224.9	220.6	240.1	236.7	244.3	255.1	275.4	298.7	328.4	353.9	377.8	410.8	428.0	472.5	490.5
Armenia	24.4	28.7	34.4	34.6	37.0	44.0	55.7	64.4	85.7	86.5	128.8	122.0	149.2	151.5	188.1
Azerbaijan	152.2	142.5	125.4	108.8	102.3	95.3	83.7	94.5	103.5	113.0	121.3	132.3	139.0	148.0	153.9
Georgia n	202.7	207.8	147.1	132.2	177.6	144.0	193.1	200.1	229.1	253.2	268.1	286.4	292.2	302.5	285.9
Kazakhstan o	31.1	29.7	29.2	26.3	30.1	82.8	86.9	97.2	101.2	105.6	107.0	104.7	109.1	110.3	248.8
Kyrgyzstan	-	437.3	399.4	319.6	288.0	243.0	252.4	257.4	253.0	240.5	264.2	262.5	232.6	246.3	238.5
Tajikistan	159.5	151.8	138.7	119.0	95.8	77.8	47.3	48.2	69.4	81.1	53.8	52.4	57.4	60.3	52.1
Turkmenistan	52.1	53.3	47.4	44.6	48.4	40.4	53.2	46.0	48.5	55.9	46.1	46.3	41.8	42.5	44.4
Uzbekistan	155.9	152.6	143.2	169.3	158.5	150.2	145.6	154.3	162.0	166.5	174.0	186.4	204.4	200.8	179.2

a. Refers to children in infant homes, orphanages, boarding homes and schools for children without parental care, disabled children in boarding schools/homes, family-type homes, SOS villages, etc. Children in punitive institutions are normally excluded. Definitions may differ among countries. b. Data for 2001-2003 exclude children in foster care. c. Data for 1999-2003 include those undergoing behavioural rehabilitation in institutions and youth homes. d. Data for 1989-1994 refer only to infant homes. e. Data include 18 years and older children residing in child care homes f. Data for 2002-2003 selected as per the national legal definition under the Child Protection Law. g. Data for children in infant homes and orphanages. h. Data for 1996-1999 are IRC estimates based on data from the Federation of B-H. i. Data until 2001 include 18 years and older residing in homes for disabled children. j. Data for 1998 and 2000 exclude Kosovo. k. Data for 1992-2003 exclude Transnistria. l. Includes children in general boarding schools. m. Data for 1989-1990 exclude children in infant homes. n. Data for 1991-1994 exclude children in child homes and orphanages. o. 1989-1993: children in infant homes; 1994-2002: children in infant homes and disabled children in public institutional care.

Table 2

Rate of children in the care of foster parents or guardians (per 100,000 population aged 0-17) Source UNICEF 2005a p.19

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic	270.4	282.0	288.6	289.0	297.1	307.3	323.7	347.3	355.4	366.4	385.2	387.2	420.1	423.4	445.2
Hungary	343.3	343.0	333.7	340.3	346.1	347.7	345.9	349.1	360.8	363.9	359.9	375.3	399.4	417.4	434.0
Poland	337.9	328.8	333.4	345.9	369.7	404.4	433.1	473.9	503.2	531.2	580.4	537.1	532.7	545.6	571.4
Slovakia	145.5	144.8	148.4	150.7	156.0	156.9	156.9	162.4	158.1	173.0	193.2	207.1	221.9	230.5	209.0
Slovenia	394.3	527.1	529.5	544.5	526.8	720.0	716.5	800.7	826.3	805.8	813.5	790.5	759.8	855.1	929.6
Estonia	-	-	-	469.5	643.3	591.3	605.8	1,084.4	1,124.8	1,126.0	1,121.6	1,060.7	1,632.5	1,663.5	-
Latvia	-	-	-	-	512.1	738.1	902.1	991.9	1,150.3	1,382.3	1,468.2	1,678.0	1,822.9	1,977.9	2,620.4
Lithuania	460.8	463.9	499.1	532.2	556.7	558.6	627.7	678.5	735.4	793.9	881.2	888.6	931.6	950.8	1,004.5
Bulgaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Romania	-	-	-	121.1	136.7	141.4	183.8	198.1	-	325.2	444.7	585.6	738.0	879.3	981.0
Albania	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bosnia-Herzegovina	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Croatia	-	-	-	-	-	-	-	-	-	-	-	399.4	425.7	441.4	439.9
FYR Macedonia	189.5	101.6	107.3	231.8	205.6	212.5	209.5	245.3	239.5	229.6	198.5	205.7	213.6	204.5	201.9
Serbia and Montenegro	273.5	243.8	243.3	284.1	287.6	250.1	316.2	303.2	321.2	310.8	298.4	305.4	317.5	-	-
Belarus	409.6	379.0	372.6	376.3	384.8	226.1	269.5	324.3	385.4	468.7	515.2	557.9	616.9	662.2	710.3
Moldova	-	-	348.3	285.0	278.9	280.4	289.5	302.1	370.6	388.4	383.7	424.3	480.9	519.1	561.1
Russia	433.0	425.4	452.2	482.7	518.8	589.3	672.2	757.3	818.9	870.0	921.2	1,002.1	1,098.8	1,153.7	1,230.4
Ukraine	285.8	290.1	305.1	314.1	328.5	342.9	378.4	414.9	453.7	495.5	534.2	572.1	608.7	664.6	699.7

Table 2 (continued)
Rate of children in the care of foster parents or guardians (per 100,000 population aged 0-17) Source UNICEF 2005a p.19

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Armenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Azerbaijan	236.6	240.0	253.9	265.9	274.0	281.4	273.6	278.5	287.9	289.3	296.8	309.8	317.8	332.2	337.6
Georgia	-	-	-	-	-	-	-	35.2	70.0	67.8	81.0	74.6	75.5	109.3	119.0
Kazakhstan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	-	205.2	233.5	260.5	287.2	338.4	295.3	308.7	320.6	297.9	292.9	311.3	357.3	374.2	288.2
Tajikistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkmenistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uzbekistan	-	-	-	168.4	167.0	170.7	171.6	180.0	189.6	204.2	216.2	228.4	238.4	253.0	257.5

a. See notes to Table 6.3; for population sources, see notes to Tables 1.1 and 1.2.

Table 3
Children in infant homes (per 100,000 population aged 0-3) Source UNICEF 2005a p.20

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic b	536.7	513.3	492.1	464.6	458.5	477.4	517.3	536.9	554.0	583.8	574.1	478.5	463.8	451.0	442.0
Hungary	484.1	437.7	410.3	386.7	398.7	396.5	390.4	395.6	391.1	388.5	373.2	317.3	306.2	295.4	281.9
Poland c	184.0	194.4	199.4	196.8	196.4	-	-	-	-	-	-	-	-	-	-
Slovakia	194.5	173.9	171.5	208.7	217.1	243.0	247.6	280.1	-	-	-	-	-	-	-
Slovenia	41.4	29.1	28.3	26.6	41.0	34.9	24.2	-	-	-	-	-	-	-	-
Estonia d	149.7	150.0	157.6	174.5	188.7	194.9	225.4	259.6	278.6	-	-	-	-	-	-
Latvia	522.9	480.9	474.0	509.8	606.2	696.0	780.5	853.2	919.1	1034.8	957.7	979.7	876.1	802.9	804.8
Lithuania	279.0	206.9	222.5	224.5	252.3	224.3	265.1	310.1	324.0	332.0	323.8	296.9	332.1	342.0	349.3
Bulgaria e	894.7	880.1	887.9	962.1	1037.9	1115.7	1121.1	1236.2	1307.7	1334.9	1280.8	1207.0	1237.5	1176.6	1096.4
Romania f	-	610.9	639.6	682.2	790.6	1099.1	900.9	952.9	950.7	-	-	-	-	-	-
Albania	-	-	-	-	-	62.4	80.2	79.9	87.7	69.7	58.8	79.6	80.0	74.3	79.0
Bosnia-Herzegovina g	-	-	-	-	-	-	-	-	-	60.9	54.7	-	-	-	-
Croatia	-	62.8	-	59.6	-	52.0	-	63.8	-	77.5	-	80.6	89.7	81.9	83.2
FYR Macedonia	49.1	47.3	50.0	59.7	66.2	81.1	88.0	65.5	80.4	73.1	76.9	68.0	50.8	65.9	95.7
Serbia and Montenegro h	-	48.5	-	44.5	-	53.4	-	72.9	-	59.2	-	66.8	-	-	-
Belarus	170.3	168.5	167.1	175.1	192.4	215.5	233.8	253.2	299.9	337.8	356.0	356.1	352.3	333.4	336.0
Moldova i	185.1	179.2	186.8	178.1	186.9	203.4	201.9	226.1	276.0	295.1	276.2	300.3	275.6	264.7	254.2
Russia	206.7	209.5	217.7	237.2	264.3	290.2	317.3	337.2	338.4	370.1	382.4	386.7	383.1	373.9	355.0
Ukraine j	155.6	154.6	153.4	155.0	165.5	183.4	207.2	230.4	244.1	281.6	301.7	308.5	309.7	343.8	337.1

Table 3 (continued)
Children in infant homes (per 100,000 population aged 0-3) Source UNICEF 2005a p.20

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Armenia k	13.2	11.6	10.8	13.2	12.5	13.9	15.3	17.9	19.0	21.7	23.8	31.5	34.0	29.7	31.7
Azerbaijan	35.9	34.6	33.3	27.1	28.3	29.2	26.0	26.6	30.7	33.5	36.9	42.2	42.4	38.5	34.1
Georgia	76.3	71.1	59.3	39.6	48.2	38.0	41.7	65.2	55.5	78.9	81.2	96.4	103.5	96.0	87.4
Kazakhstan	123.4	121.4	123.1	114.9	136.6	153.2	178.7	209.4	226.0	276.2	304.4	285.9	282.0	270.1	261.0
Kyrgyzstan	47.4	45.4	44.6	44.2	51.5	59.1	54.5	55.9	51.4	50.6	55.2	63.4	59.6	62.5	66.9
Tajikistan	61.4	57.6	57.2	57.2	39.0	32.3	27.4	23.0	20.4	48.7	45.4	53.9	52.1	54.5	23.6
Turkmenistan	61.4	59.4	51.3	45.1	44.3	40.2	45.4	31.6	35.8	41.5	50.0	48.8	43.2	46.7	47.9
Uzbekistan	34.8	35.3	32.8	33.3	31.8	31.8	29.5	30.2	30.5	30.8	33.4	35.2	34.8	38.3	36.5

a. For population sources, see notes to Tables 1.1 and 1.2.b. Institutions of the Ministry of Health. c. Since 1994 infant homes are included in child homes. d. Children aged 0-7. e. Data for 2002 and 2003 has been selected according to new national legal definition as per the Child Protection Law. f. Since 1998 infant homes are included in child homes. g. Data refer to the Federation of B-H. h. Data for 1998 and 2000 exclude Kosovo. i. Data for 1992-2003 exclude Transnistria. j. Data for 1989-1990 are taken from CIS Stat (1999). k. Children aged 0-5.